

FILED AUG 10 1944

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3023

Registrar's No. 116

1. PLACE OF DEATH:  
(a) County HENRY  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: STEEPS NURSING HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County HENRY  
(c) City or town CLINTON RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural 5 Miles SE Clinton  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willis F. Davis  
(b) If veteran, name war   
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 7  
year 1944 hour 10:30 minute P M.  
21. I hereby certify that I attended the deceased from 3-21-44 to 7-7-44 1944  
that I last saw him alive on 7-7-44 1944  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive 1 years 1-1873 (Day) (Year)

Immediate cause of death: Myocardial failure  
Traumatic Septicemia  
Fracture Dislocation  
10" dorsal vertebra  
Complete paraplegia  
below fracture  
Other conditions: pericardial abscess  
(Include pregnancy within 3 months of death)  
Multiple pressure sores  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none

7. Birth date of deceased: 10 (Month) 1 (Day) 1873 (Year)  
8. AGE: Years 70 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 04?  
(b) Date of occurrence 3-21-44  
(c) Where did injury occur? Bethlehem Tp. Henry Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home on farm  
While at work? no (Specify type of place) (e) Means of injury Fell on a rock

9. Birthplace Clinton Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Cyrus Davis  
13. Birthplace Ky (City, town, or county) (State or foreign country)  
14. Maiden name Etiza James  
15. Birthplace Illinois (City, town, or county) (State or foreign country)  
16. (a) Informant Ira Davis  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 7-9-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Bethlehem  
18. (a) Signature of funeral director Fred Welburn  
(b) Address Clinton Mo  
19. (a) July 7, 1944 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

23. Signature Ed. C. Beeler (Specify type of place) (e) Means of injury Fell on a rock  
Address Clinton Mo Date signed 7/8/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Myocardial Failure  
Uraemia  
Peri Urticaria abscess  
with Impaction of Bladder  
Fracture 10" Dorsal Vertebrae  
with extensive lacerations of  
Cord and total paralysis of  
lower Extremities, bladder and  
bowel

RECEIVED  
District Health Officer No. 7,  
District File No. 4-44-928  
Date Filed 8-9-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Fred Wilkinson  
Licensed Embalmer No. 2478  
P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.